BEST AVAILABLE COPY

	DATENT	DD										
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									826	<u>,</u>	1717	1-DH
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER SMALL	
TOTAL CLAIMS			20				RAT	Έ	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• \$\beta_{\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\tittt{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\titt{\text{\text{\text{\text{\texi}\text{\text{\text{\ti}\til\titt{\titil\titt{\text{\texi}\text{\texi}\text{\text{\text{\texi}\text{\texi}\titt{\text{\ti}\tinttitt{\text{\texi}\text{\texi}\t		X\$:	9=		OR	X\$18=	"
INDEPENDENT CLAIMS			3 minus 3 =		0		X40)=		OR	X80=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		′ 🗆		+13	-		1	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2									<u> </u>	OR		410
								AL		OR	TOTAL	410
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							LLI	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=	
AME	Independent	,	Minus	***		=	X40)=		OR	X80=	-
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	*.
								TAL			TOTAL	11
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT.	FEE		.	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING		HIGH NUME	EST	PRESENT			ADDI-	l	9-5.	ADDI-
		AFTER AMENDMENT		PREVIO PAID	USLY	EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus .	**		=	X\$ 9)=		OR	X\$18=	
	Independent		Minus	***		=	X40	=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											070	
							+135			OR	+270=	
8.			ADDIT.		<u> </u>	OR	TOTAL ADDIT. FEE					
		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=	<u> </u>	OR	X\$18=	<u> </u>
ME	Independent	*	Minus	***		=	X40:				X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv		OR	700=	
* If the entry in column 1 is less than the entry in column 2 write "0" in column 2										OR	+270=	,
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										or ,	TOTAL ADDIT. FEE	•
-	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	nt) is the	highest number	found in the	е арр	ropriate box			